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Chemist&Druggist
The Newsweekly for Pharmacy

4 February 2006

White Paper sets out the future of primary care ...

... but pharmacy concerned over focus on GPs

Multiples' share increases over 50pc in decade

The future for innovation in the specials market

PRODUCT INFORMATION FOR NUROFEN PLUS

Nurofen Plus: Each tablet contains 200mg ibuprofen Ph Eur and 12.8mg Codeine Phosphate Ph Eur **Indications:** For the relief of pain in such conditions as rheumatic and muscular pain, backache, neuralgia, migraine, headache, dental pain, dysmenorrhoea, feverishness, symptoms of colds and influenza **Dosage and Administration:** Adults and Children over 12 years: one or two tablets every four to six hours. Do not take more than 6 tablets in 24 hours. Not for use by children under 12 years of age. Elderly: No special dosage modifications are required unless renal or hepatic function is impaired, in which case dosage should be assessed individually **Contraindications:** Patients with existing, or a history of, peptic ulceration. Hypersensitivity to any of the constituents, aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs). Patients with a history of Bronchospasm, rhinitis, urticaria, associated with aspirin or other NSAIDs. Hypersensitivity to codeine, respiratory depression, chronic constipation. **Precautions and Warnings:** Caution is required in patients with renal, cardiac or hepatic impairment. In patients with renal impairment, renal function should be monitored since it may deteriorate following the use of any NSAID. Bronchospasm may be precipitated in patients suffering from, or with a previous history of, bronchial asthma or allergic disease. The elderly are at an increased risk of consequence of adverse reactions. Undesirable effects may be minimised by using the minimum effective dose for the shortest possible duration. Nurofen Plus tablets should be used with caution in those with hypotension and/ or hypothyroidism. The tablets should be used

The label will state: Do not use if you have ever had a stomach ulcer or are allergic to ibuprofen (or any of the ingredients of the product) or aspirin. If you are allergic to or are taking any other painkiller, pregnant, or suffer from asthma speak to your doctor before taking Nurofen Plus. Do not exceed the stated dose. Keep out of the reach of children. If symptoms persist, consult your doctor. **The label will state:** (On outer pack) Do not take every day for long periods of time unless told to do so by your doctor. (On Patient Information Leaflet) Do not take more than the stated dose of this medicine. Regular use for longer periods may result in symptoms such as restlessness and irritability when you stop taking this medicine. If you find you need to use this product all the time, see your doctor straight away. Side effects: Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of (a) non-specific allergic reaction and anaphylaxis, (b) respiratory tract reactivity comprising of asthma, aggravated asthma, bronchospasm or dyspnoea, or (c) assorted skin disorders, including rashes of various types, pruritis, urticaria, purpura, angioderma and, more rarely, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Gastro-intestinal - abdominal pain, nausea and dyspepsia. Occasionally peptic ulcer and gastro-intestinal bleeding. Renal - Papillary necrosis which can lead to renal failure. Others - Hepatic dysfunction, headache, dizziness, hearing disturbance. Rarely thrombocytopenia. Side effects of codeine include constipation, respiratory depression, cough suppression, nausea and drowsiness. **Product licence Number:** PL 00327/0082 **Licence Holder:** Crookes Healthcare Limited, Nottingham NG2 3AA. **Legal category:** P. **Price:** MRRP from £2.67

www.dotpharmacy.com

Chemist& Druggist

The Newsweekly for Pharmacy

Volume 265 No 6531
First published September 15, 1859
ISSN 0009-3033

Published Saturdays by CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW

C&D on the internet at:
http://www.dotpharmacy.com/

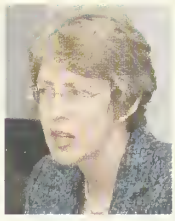
Subscriptions: (Home) £173 per annum; (Overseas & Eire) $412 per annum. Single copies C&D £3.50 (postage extra). Extra Price List for subscribers: £16 per single copy; for non-subscribers: £55 per single copy. Subscription plus additional Price List: UK £173 plus £120, overseas: $412 plus $205.

Circulation and subscription: CMP Information Ltd, Tower House, Sovereign Park, Lathkill St, Market Harborough, Leics. LE16 9EF. Telephone: 01858 468811 Fax: 01858 434958

Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer.

The editorial photos used are courtesy of the suppliers whose products they feature.

This week



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We report on the opportunities for pharmacy contained in this week's White Paper and provide reaction from the profession. At the launch, health minister Patricia Hewitt (left) emphasised that the public consultation process ahead of its publication had clearly identified public enthusiasm for pharmacy services

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Max Gosney asks Beran Patel how ETP technology has fared in his Croydon pharmacy

White Paper aims at community

by Charles Gladwin

Pharmacies will have opportunities to offer more services after the Government announced plans this week to make primary care the main focus of future investment.

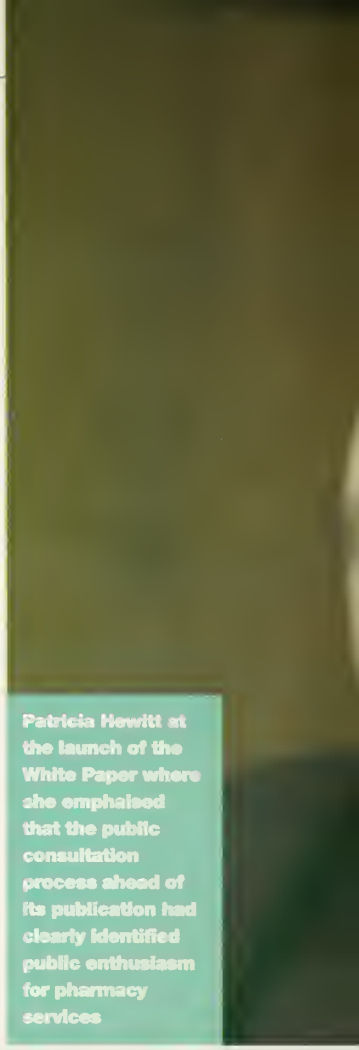
The pharmacy contract will develop in line with the aims of the Department of Health's White Paper *Our Health, Our Care, Our Say: A New Direction for Community Services*, published on Monday. Pharmacists can expect to be involved in providing new health checks, as well as helping people with long-term conditions.

The White Paper aims to move some of the workload from hospitals back into the community setting. Diagnostic testing, as well as out-patient services are more likely to be provided at local health centres and "a new generation of community hospitals". PCTs will also be able to consider new models of service provision that could be provided by "nurse practitioners, GPs, or pharmacists wanting to establish or expand services".

Much of the Paper's focus is on the role of the GP, however, including their involvement in practice based commissioning and the need for improving access to general practice, for example by longer opening hours and being encouraged to provide services in deprived areas. In addition, the health and social care needs of the community will be integrated. "To assist this process, we will remove barriers to entry for the 'third sector' as service providers for primary care," says the Paper.

Another initiative is an NHS 'life check', in which an initial assessment will be completed by people either online or on paper. This will identify any action or advice that can be taken, including referral for specialist diagnoses.

Health secretary Patricia Hewitt stressed that GPs will be monitored to ensure fair commissioning of services under practice based commissioning. Asked about concerns raised by PCT pharmacists in a *C&D*/NPA poll that GPs could retain services within the practice, rather than allow other health professionals to provide them (*C&D, January 28, p4*), she said: "The PCT will be responsible for making sure that good governance will be observed and that GPs will be working with other health professionals."



Patricia Hewitt at the launch of the White Paper where she emphasised that the public consultation process ahead of its publication had clearly identified public enthusiasm for pharmacy services

The White Paper at a glance

The White Paper has four main principles for health and social care services in the community:

- More emphasis on prevention and early intervention services.
- Patients to have more choice and influence over health services.
- More support for patients with long-term conditions.
- Health inequalities to be tackled by improving the quantity and quality of community services.

The initiatives likely to impact on community pharmacy, in particular, include:

- In areas that are under-served by GPs, other providers will be allowed to offer NHS services.
- More multi-agency working (health, social care, private, voluntary sectors), and joint service and workforce planning.
- Easier co-location of services to purpose-built facilities.
- Healthy living services to be provided by a range of agencies in different settings.
- Expenditure to shift from secondary to primary care, mainly by practice based commissioning.

- A single complaints system across health and social care to be introduced by 2009, making the process simpler, and more effective.
- DoH to introduce a national accreditation scheme for providers of specialist care in the community.
- More roles with greater responsibility (such as practitioners with special interests) to encourage professional growth. **AF**

For more information:
www.tinyurl.com/832lp

Have your say. Does the White Paper give you confidence for the future or are you concerned at the lack of pharmacy-specific initiatives? The best comment will get £25. E-mail your views to *chemdrug@cmpinformation.com* or fax to 01732 367065

POLITICS

Public supports pharmacy service

The consultation carried out ahead of the White Paper clearly identified public support for pharmacy services, with many people commenting how they were already accessing services through pharmacies, health secretary Patricia Hewitt said at the launch of the Paper.

"I think that will continue. We have already seen quite a big increase in stop smoking services, and in London we are piloting a high street chlamydia service. If that's successful, I'm sure other PCTs would want to extend that," she said. "There's a range of other options. It's up to PCTs to be discussing this with their local community pharmacists."

David Colin-Thomé, national clinical director for primary care, said that a key area of opportunity for community pharmacy under the White Paper would be in long-term conditions, such as diabetes, hypertension, or asthma.

It will be about developing the pharmacists' contribution, he told *C&D*. "It's giving advice on how to look after their condition, rather than just about their medicines." He envisaged pharmacists as being involved in health promotion, giving advice about self-care and helping people keep their long-term condition stabilised.

"We see [pharmacists] moving into more clinical areas. We see that as a major force we have not utilised so far." He also pointed out that he is looking at the role of pharmacists with special interests.

David Colin-Thomé sees pharmacists moving into more clinical areas

PROFESSION

Pharmacy divided on Paper

by Max Gosney

The White Paper has received a mixed response from pharmacy representatives, with some viewing it as a mixed opportunity and others considering it a challenge.

NPA chief executive John D'Arcy said he was a "bit disappointed" that there wasn't more mention of pharmacy. "It's all very well saying there are great healthcare opportunities but you need the levers to make that happen. It also seems to be very GP-determined," he told *C&D*.

Echoing his view, Numark professional services controller Mimi Lau said: "Yet again, it represents a missed opportunity for pharmacy to be at the forefront of delivering healthcare in the community. The Paper centres principally on GPs and if you only read the executive summary – as will be true of many people – you wouldn't even know that pharmacy was involved."

Nucare greeted the proposals "cautiously" and welcomed the emphasis on preventative healthcare. But, according to managing director Mahesh Shah, pharmacy must gain greater funding if it is to deliver the Government's vision of a patient-led NHS. "We must make sure there is sufficient funding for the transfer of services from secondary to primary care. There is clearly an important role for pharmacy to play but the Government must invest in its infrastructure," he said.

Georgina Craig: future competition will come in many guises

For negotiating body PSNC, the Paper's commitment to giving GPs greater commissioning powers raised concern. Chief executive Sue Sharpe said: "It's important that, under practice-based commissioning, pharmacists do not lose out. PSNC will seek to minimise any obstacles to service development."

Mrs Sharpe added the proposals were "tremendously positive" for the profession and the apparent lack of exposure for pharmacy within the Paper did not translate to a lack of opportunity.

CCA communications head Georgina Craig said pharmacy was in a "very strong position" to respond to the challenge of increasing capacity and tackling health inequalities. "The opportunities are great, but it is also important for pharmacy to recognise that in the future competition will come in many shapes and guises, and not just from neighbouring pharmacies," she said.

RPSGB practice director David Prucc said he was pleased to see that Tony Blair had referred to pharmacy in his foreword to the White Paper. "I would have loved to see more about pharmacy specifically. But there was a lot already there."

Your Views

"I think the White Paper has missed the point. Pharmacy could play a valuable role in primary healthcare but I don't think the Government wants to fund it. The other problem is with practice based commissioning. I don't think there's any incentive for GPs to commission services from pharmacy."
Carol Heyden, Numark pharmacist, West Midlands

"Although the Paper uses examples of pharmacists running specialist healthcare services, I don't think this is happening across the UK. The problem is that some PCTs have the money to fund pharmacy but others do not. I'm not surprised that pharmacists do not gain the same exposure as GPs under the plans. Doctors have a much stronger lobbying force, so once it comes to carving up money they get there first and we're left feeding off crumbs."
Chris Ball, Hurn Chemist, Norwich

"It's good for the profession that pharmacy has been included under these proposals. The White Paper gives us the framework to initiate health services. I can now demonstrate to my PCT or doctor that commissioning services from my pharmacy is in line with Government policy."
Mark Collins, Numark pharmacist, Lancashire

"I think pharmacy is struggling at the moment and I don't see anything in the White Paper that will change that. We're seeing little sign of the new contract in Lancaster and I can see more pharmacy closures over the coming years. There is a danger of giving the public too much choice and they could end up making ill-informed choices."
Trevor Maddison, pharmacist, Pointer Court Pharmacy, Lancaster

Multiples increase share by 50pc in past decade

The number of independent pharmacies in England and Wales continues to decline as multiple chains increased their share by a half in the past decade, Government figures have revealed.

The percentage of pharmacies in chains of more than five rose to 54.1 per cent in 2004-05, compared to 35.5 per cent in 1995-96, according to *General Pharmaceutical Services in England and Wales 1995-96 to 2004-05*.

As of March 31, 2005, there were 10,447 pharmacies in England and Wales, 15 fewer than in 2004.

Together, they dispensed 674.9 million prescription items during the year, an increase of 29.4m (4.5 per cent) on 2003-04. The average net ingredient cost in England and Wales for 2004-05 was £11.21, a 5p rise on 2003-04.

The statistics also show that in 2004-05, 513 pharmacies dispensed fewer than 1,600 items a month, the threshold for the full graduated professional allowance. Despite having the most pharmacies per million population (455), Westminster PCT dispensed the fewest prescription items per month (median: 1,240). **AC**

For more information:
http://tinyurl.com/863wa

Rise of the multiples

Company	No of pharmacies
Lloydspharmacy	1,413
Boots	1,277
Alliance Pharmacy	952
Rowlands Pharmacy	386
Co-op Group	360
Superdrug	225

Source: CCA

Pharmacy stats at a glance

- Pharmacies in England and Wales dispensed 674.9m items for the year ending March 31, 2005, an increase of 29.4m in 12 months.
- Last year, the mean number of prescription items dispensed per pharmacy was 5,384 per month. A quarter of pharmacies dispensed fewer than 3,258 and 25 per cent dispensed more than 6,906 items.
- 46 per cent of pharmacies were paid for providing additional agreed hours of service.
- 23 per cent were paid for providing advice to residential or nursing homes.
- 250 pharmacies received a payment under ESPS.
- In 2005, 59 per cent of pharmacies in England and Wales were paid to supply oxygen services.

Pharmacists and their staff in Bury St Edmunds hit the streets dressed as refuse collectors to help combat medicine wastage. Local contractors unloaded rubbish bags from a garbage truck as part of the display by Suffolk West Primary Care Trust to raise public awareness of the £1.75 million a year problem. Linda Lord, [illegible] support pharmacist at [illegible] PCT, said: "It was very visual and we had pharmacists and other members of the primary care team stack up around 100 bright yellow [illegible] bags in the town centre [illegible] week. The event attracted [illegible] crowd."

POLITICS

Script charge system will stay, DoH chief says

The Government has no plans to review prescription costs or the list of medical conditions that attract exemption, chief health officials have revealed.

Speaking at a health select committee inquiry into NHS charges, Felicity Harvey, head of medicines at the Department of Health, revealed that instead, the Government's focus is to remain on affordability.

Signalling that changes to the NHS low income scheme and the introduction of a monthly pre-payment certificate were on the cards, she said: "The principle remains that in those areas where the Government has decided to levy charges, those that are able to contribute should do so and those who are unable to should be protected."

Dr Harvey admitted that ministers have looked at the exemption criterion, but made the decision not to add or change the list of conditions that are exempt from the charges. **AC**

Inbrief

RPSiS chairman

Rose Marie Parr, RPSiS vice-chairman, is to step in as chairman, following the resignation of Angela Timoney, who has held the position for 19 months. She cited family reasons for her departure. She will remain a member of the executive. Nominations for the next chairman and vice-chairman are now being sought, and an election will take place on March 22.

Imodium stolen

A large quantity of Imodium 6 packs were stolen on January 11 between McNeil's manufacturing facility and its distribution centre. The batch numbers of the stolen packs are: BN 05KV023 and BN 05KV033. The packs had not been cleared for wholesale or retail sales. Anyone with information should contact DC Dominic Graham on 01268 244009. Wholesalers or pharmacists can contact McNeil Customer Services on 0800 0328258.

Update MCQ enclosed

This week's issue contains the questionnaire for the following Pharmacy Update modules carried in January:

- Cough 1 – symptoms (1357)
- Understanding sleep (1358)
- Treating sleep disorders (1359).

Pharmacy Update is a distance learning programme accredited by the College of Pharmacy Practice. Previous modules can be accessed on *www.dotpharmacy.com*.

Further information is available from Mary Prebble on 01732 377269. Genus Pharmaceuticals supports the MCQ and telephone marking service.

Questiontime

This week's question:
What do you think about the latest health White Paper?

- **Great: recognises pharmacy's potential**
- **Neutral: want more detail**
- **Poor: a missed opportunity for pharmacy**

You have until noon on February 7 to vote at *www.dotpharmacy.com* We will publish the results in *C&D* on February 11.

Scots consult on script overhaul...

The Scottish Executive has proposed six options for reforming the NHS prescription charge system in Scotland.

The aim of the consultation is to encourage debate on a range of options, which include:

- Extending the exemptions available under the NHS low income scheme.
- Whether there are other proxy measures of low income which could be used to trigger exemption from prescription charges.
- Reviewing the current exemption list of chronic conditions.
- Restricting exemptions only to prescriptions relating to the chronic condition.
- Reforming the pre-payment system to include a monthly payment scheme.
- Exempting full-time students and people on modern apprenticeships.

The proposals come in a consultation entitled: *The Review of NHS Prescription and Exemption Arrangements in Scotland*, which is open for comment until April 30 (*C&D, January 21, p12*).

According to the SEHD, the move comes as part of an existing commitment to review prescription charges for people with chronic medical conditions and for young people in full-time education and training.

This recognises that the current exemption arrangements, which date back to 1968, contain anomalies and are no longer fit for the purpose.

A spokesman said: "The Executive believes that the principle of patient contribution to the cost of NHS prescriptions is right, provided it is underpinned by effective exemption arrangements." **AC**

SCOTLAND

... and appoint 61 contract champions to aid implementation

Scottish pharmacists have appointed 61 contract 'champions' to take forward implementation of the new Scottish contract.

The champions have already met; at a recent workshop, they discussed how they would develop the role of champion, and what resource materials are available to help pharmacists adopt their new contract.


News

Scots win £250k for contract 'champions'

The Scottish Executive Health Department has allocated £250,000 to pay for pharmacist practitioner champions to support the implementation of the new Scottish pharmacy contract.

The ideal candidate will be a practising community pharmacist with good communication skills and an awareness of the present and future role for community pharmacy services. Training will be provided, starting January 17.

health services (PHS), which will start in April 2006. Contract champions funding for the acute (LAWS) and chronic medication services, which are due to go live in April 2007, will be reviewed in light of the experience with n-CAS and PHS.

According to the SEHD, the contract champions are expected to be the main 'drivers' behind the successful implementation of the new contract in their localities.

Pharmaceutical General Council chief Frank Crown said: "It is important that community pharmacists feel real ownership of the new contract process."

The announcement came in a 98 PHT new contract program project and implementation programme director

These include the contract implementation website, and an NHS Education Scotland eMAS implementation pack.

The Scottish Executive Health Department has allocated £250,000 to pay for the contract 'champions' (*C&D, December 10, 2005, p8*).

According to Alison Strath, principal pharmaceutical officer, the SEHD is delighted by the local contractor committees' choice of 'champion'.

She said: "There was a great buzz in the room, with lots of enthusiasm and innovative thought. These are just the sort of individuals we need out there. I am very encouraged by the range of approaches we have, which includes old and young pharmacists, multiples and independents."

For more information:

www.communitypharmacy.scot.nhs.uk

RPSGB

Local branches to host anti-violence training

Pharmacists in England are to be given training via the RPSGB's branch network on how to handle physical attacks from patients.

The NHS Counter Fraud and Security Management Service will carry out the training. The Society is encouraging its 130 branches to contact their local PCT in order to identify and invite their local security management specialists to give a talk at their local branch meetings.

The RPSGB's practice committee welcomed the move to protect pharmacists and their staff, but felt it could go further. Committee chairman Sultan Dajani said: "Conflict resolution training is a good first step but pharmacists should also be thinking about other security measures, such as personal alarms for staff and incorporating windows or panic buttons when designing consultation areas in their premises."

In addition, the practice committee said the national reporting scheme for physical and non-physical assaults currently in place in secondary care will be extended to primary care in April. It is hoped that a specific form will be devised for pharmacies.

Pharmacists in Scotland and Wales are not included in the conflict resolution training since the NHS CFMS does not operate there and only provides fraud prevention services in Wales.

A spokesman for the NHS CFMS said the decision to run similar training in Scotland and Wales would be decided by the Scottish Executive and the Welsh Assembly. **JE**

The United Co-op Health Care pharmacy at Shaw, near Oldham, Lancashire, was recognised for its customer service in the annual Pride in Oldham awards when it reached the final in the Business Award category and finished as one of two runners-up. The pharmacy was nominated by its customers and the judges highlighted an example that was typical of its approach when the parents of a youngster ran out of heart medicine and the staff spent a great deal of time and effort in making sure that the medicine was available for the child. Pictured are members of the team, from the left: Janet English, Kath Blake, Louise Wood, manager Chris Donohue, Linda Walton and Marie Shaw

Make IT a priority, minister is told

The lack of priority given to a secure electronic connection between pharmacists and GPs was raised with Jane Kennedy, the health minister, at last week's meeting of the All-Party Pharmacy Group.

Chairman Howard Stoate said: "It really is a nonsense that we haven't got the technology yet which enables pharmacists and GPs to share information online."

A senior official from the group said two problems were raised with Ms Kennedy – having a connection that works, and ensuring that the connection is secure.

"At the moment, there is nothing to stop a pharmacy sending patient notes about their consultation to a GP via 'hotmail' but it is not secure," said the official. "The NHS protocols dictate you have to use the internal NHS system but that is no more secure than e-mails. It doesn't appear from our discussions that there is sufficient priority being given to this."

"You have this barmy situation where thousands of drugs reviews [MURs] are taking place but because they haven't got connectivity yet and a secure transfer system the pharmacists cannot send information electronically.

"It goes by paper to the GP and some don't do anything about it. That means in some cases important information isn't being included on the patient's record."

Ms Kennedy assured MPs that the DoH was giving priority to the development of connectivity.

Dr Howard Stoate MP: lack of connectivity between pharmacies and GPs is a nonsense

PRACTICE

Barnet award

A Barnet pharmacist has won an award for supporting patients.

Mr Anil Shah, of K Waterhouse Pharmacy in Southgate, received the Barnet Civic Award for "hard work and commitment" to the local community, said councillors.

MEDICINES

MHRA probing more than 100 web sales of drugs

The UK drug regulator is currently investigating over 100 cases of illegal medicine sales over the internet, health minister Jane Kennedy told a Commons debate last week.

The Medicines and Healthcare products Regulatory Agency has prosecuted 12 cases in the past five years, Ms Kennedy said in reply to a question from Conservative MP Charles Walker about the threat of counterfeit medicines.

In reply to a question about the integrity of the UK wholesale supply chain, Ms Kennedy acknowledged a recent TV programme that claimed to expose flaws in the system (*C&D, January 14, p6*). She said the MHRA was looking at further safeguards to ensure the credentials of the individuals named on paperwork. **AF**

POLITICS

Rethinking APPG rules for transparency

Parliamentary watchdogs have recommended a rethink of the rules governing the all-party parliamentary groups, following reports that they lack financial transparency.

In a letter to the Committee on Standards and Privileges, Sir Alistair Graham, chairman of the Committee on Standards in Public Life, suggests that APPGs should also declare the names of any sponsors on all reports and press notices and not just on the parliamentary website as present.

The move follows a recent report in *The Times*, which showed that nuclear and pharmaceutical industry companies are funding and even writing policy reports in the name of all-party groups of MPs and peers.

Sir Alistair said the committee should consider "further simple measures to improve transparency for the public about the funding of all-party groups".

WHOLESALERS

Call for appliance pricing changes

The Department of Health's stoma and appliance consultation has produced mixed responses from supply chain representatives.

Wholesaler representatives have called for prices for appliances and dressings in primary care to be set with reference to their cost.

The British Association of Pharmaceutical Wholesalers says members currently supply 30 per cent of medical consumable items.

BAPW technical director Tony Garlick said: "The BAPW supports a new reimbursement system that retains a wholesale distribution margin for medical consumable items. This would enable transparency in pricing and recognise the costs borne by full-line pharmaceutical wholesalers."

BAPW technical director Tony Garlick: system must recognise costs

WHOLESALING

Pastures new for AAH director

Mandeep Mudhar, director of marketing at AAH Pharmaceuticals, is leaving the wholesaler next month to join ADL Healthcare. Dr Mudhar has been with AAH for seven years.

PRACTICE

MUR workshop

More than 90 Essex pharmacists attended a medicines use review workshop organised by Essex LPC last week.

Professor Claire Mackie of the Medway School of Pharmacy looked at using an MUR as a tool to identify patients who might benefit from the service and included advice on managing significant drug interactions and adverse drug reactions.

PRACTICE

Keele given MPharm OK

Keele University will start accepting pharmacy undergraduates from September.

The university's MPharm course has been formally approved by the Royal Pharmaceutical Society's education committee, but will not be granted full accreditation until the first student cohort graduates. Keele said it is investing heavily in facilities for the School of Pharmacy.

Our question to pharmacists this week was:

What impact will GPs' commissioning of services have on pharmacy?

"Good – GPs might initially hold out but eventually will come round to marketing those services"

Jitesh Popat, Slough

"A mixture of all three: I think attitudes will vary depending on the GP you are working with"

Valerie Smith, Leek

Comment from the Editor

Make allies in social care

With all the focus on health MOTs and cottage hospitals, you'd think that pharmacy wasn't part of the latest health White Paper.

Well, it doesn't seem to feature too often by name in the document, but it is clear that the Department of Health sees pharmacy as continuing to have an important part to play in primary care. And yes, the pharmacy contract in England will continue to evolve in line with the "ambitions" of these latest health reforms.

Interestingly, the integration of social care services alongside health seems to have been widely overlooked by the national media. But social care will be an area where pharmacy can find new allies. People with long-term conditions – and their carers – will expect and will be entitled to more support, something that pharmacists and their staff can provide.

And it's worth adding that the primary care 'tsar' David Colin-Thomé says that it will not just be pharmacists' expertise in medicines that will be utilised, but their wider clinical skills. All good news.

What is disappointing, then, is the fact that the White Paper is a missed opportunity to sell pharmacy to the other professions (and the press, come to that). But perhaps it was because the autumn-long public consultation was well aired, and pharmacy is bedding into its new contract (which has plenty of room to grow if financially nourished), that this White Paper has pharmacy as a given.

What needs to follow, then, is a clearer explanation of where the funding for all these changes will come from, where it will go, and when and how it will happen.

No doubt those canny doctors will renegotiate their terms about weekend working to their advantage. How about some recognition for pharmacies which provides this sort of service as a matter of course?

"The Paper missed an opportunity to sell pharmacy to the other professions"

Yourviews

E-mail your views to chemdrug @ cmpinformation.com

Our online poll at *www.dotpharmacy.com* said...

Dr Stephen Mann of McNeil Ltd hopes pharmacists will say ...

... three cheers for OTC statins

Last week NICE released new guidance on the prescription of statins – broadening access to these drugs to an estimated further 3.3 million British people. The move rationalises the framework for managing heart disease and puts the role of OTC statins into fresh perspective.

The guidance recommends that statins be prescribed where the risk of an individual developing any cardiovascular disease (eg heart attack or stroke) within 10 years is estimated to be 20 per cent or more. This is equivalent to a 15 per cent risk of heart attack alone. OTC statins are targeted at the risk level immediately below this threshold, ie 10 to 15 per cent 10-year risk, described as 'moderate'. In effect, the guidance 'closes the gap' and allows a seamless progression: self-care with OTC statins for those at moderate risk, to prescription statins for those at high risk.

Dr Stephen Mann: the new guidance allows a seamless progression for those at high risk

Recent reports have continued to reinforce the role of statins in combating vascular disease. A major meta-analysis of data from 90,056 individuals enrolled in statins trials published in the *Lancet* concluded that individuals with any elevated risk of cardiovascular disease will benefit from statin therapy regardless of initial cholesterol levels.

An estimated 8.8 million people[1] fall within the moderate risk category that is just below the newly reduced risk threshold for prescription statins.

Now pharmacists can be confident that they are part of a logical continuum of care aimed at reducing the toll of heart disease in the UK.

Reference available on request

Xrayser

TOPICAL REFLECTIONS

The chaos theory of pharmacy practice

Cartoon by Don Seed

"Oh my God, what next?" I sigh, as I consider the implications of PCT reforms and practice based commissioning. Our PEC colleagues are rightly concerned about the possible ensuing chaos (*C&D, January 28, p4*), and the outcome is about as clear as a Jackson Pollock painting.

It is easy for Stephen Fishwick to muse objectively from St Albans that "pharmacists constantly operate in an environment of threat and opportunity" (*C&D, January 28, p16*), but I remember a time when there seemed little of either and we all knew where we stood. It seems now that as our theoretical opportunities increase, the threats increase at a much faster rate. As we move away from a reliance on prescription numbers we're becoming increasingly reliant on measures that seem out of our control.

I can see why PEC pharmacists and LPCs are concerned about the initiatives – PCTs will become less important to us as they enlarge and commissioning is devolved to GPs. Instead of having fewer larger organisations to deal with, LPCs will have to try and work with lots of different practices, all with different ideas and personalities. PEC pharmacists' influence on contractor services may also decline. Could there be a new role for roving pharmacy salesmen/negotiators to liaise with GPs? Individual pharmacists could gain more control as they can negotiate directly with their local surgeries, with whom they may already have a good relationship and deal with every day. In contrast, many pharmacists feel distant from the decision-making suits at their PCT. But this is a lottery – if your local GPs are pro pharmacy and you have a good relationship this could be the start of the most rewarding and successful period in your career. If your GPs are self-centred and don't like you, you're in trouble. So if you're not already, now is the time to start being nice to your local doctors.

Advertising that gives me cramps

An OTC medicines manufacturer's advertising campaign for a product will provide a welcome boost for my OTC sales but I question the methods of one company's clever promotional tactics.

I came across an advert for an OTC medicine for women on one of the supermarket's websites. It was offering £100 worth of shopping vouchers. The idea is to read the product information and then answer one question based on what you have just read. While the financial incentive is only to read the product information rather than make a purchase, the two are obviously linked and it seems an overly aggressive tactic for marketing medicines. I'm not I approve of manufacturers running a competition where purchasing a medicine enters you into a draw to win £100, for example.

The other issue I had with this competition was that the question was too easy. My assistants have to work hard to enter similar competitions, often for a smaller prize, yet anyone with an IQ scraping double figures could work this one out. Consumers may be valuable and difficult to reach, but hey, these assistants are important to you guys.

Going into battle with MDS

I wonder if the military has considered what sort of medication is suitable for use in its new MDS packing from MTS Medication Technologies (*C&D, January 28, p8*).

The Society's recommendation that drugs should not be left in MDS systems for more than eight weeks might cause a problem for longer tours of duty. But a recent study has revealed that many manufacturers will not confirm that their products are stable outside the original packaging.

Recent experience shows that it is difficult for soldiers to sue the MoD for side effects of medicines that they've been given, but manufacturers' non-committal attitude on this issue suggests that if patients claimed that their medicine degraded in its MDS, I could be to blame. And that is worrying.

Northern Ireland NOTEBOOK

Technically confusing

We are seeing some frenetic activity from the Pharmaceutical Society of Northern Ireland regarding pharmacy support staff. But it is rather confusing.

Last year, PSNI completed a consultation on it becoming the registering body for pharmacy technicians in Northern Ireland. The profession unanimously agreed it should. Yet PSNI has written to say that as it failed to achieve one of its commitments – that the technician register would be cost neutral – in the meantime technicians should seek to join the Royal Pharmaceutical Society's voluntary register. This would be a temporary arrangement, with PSNI still wishing to have a technician register in the future.

I think I am not alone in being confused by the January correspondence which explained the 'grandfather clause' arrangements for staff working in the dispensary. Like many, I assumed this is to do with technician registration. But it appears not; instead it is about the clinical governance agenda. PSNI now requires all staff working in the dispensary, on any aspect of the dispensing process, to be 'registered' with PSNI, ie NVQ level 2 or equivalent.

In each pharmacy there must be a written standard operating procedure for dispensing. Support staff who are to be registered must be competent in each of the steps in the SOP. The grandfather clause gives me, the supervising pharmacist, the right to verify the competence of my staff and have them registered as competent.

I have a lot of staff; all are competent, and if I wish to have them continue to assist me I must register each by February 20. Failure to do this means that the only way they can be registered is by completion of NVQ level 2. This is a one-off opportunity and certainly not to be missed.

PSNI – am I right?

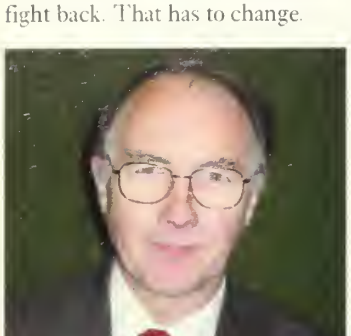
Written by a pharmacist practising in Northern Ireland

E-mail your views to chemdrug@cmpinformation.com

The Independent Pharmacy Federation responds to AIMp

"It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change." Charles Darwin.

Independent pharmacy contractors have suffered the combined effects of a quarter of a century of political attrition and the expansion of big business and we have not had the machinery to fight back. That has to change.



Noel Baumber: independents need to stand up and be counted

Independents have to attack their constraints and challenge themselves to be responsive, locally and nationally. We are starting the federation to focus that effort.

We know that more than 52 per cent of pharmacies are now owned by the 'multiples' in England and Wales, where the definition of multiples for statistical purposes is 'chains of five or more pharmacies'. Since all of the Association of Independent Multiple Pharmacies' (AIMp) members are in the five to 300 league they are already included in the official figures as multiples. This leaves around 48 per cent of contractors as independents with fewer than five pharmacies. These are the people who now have an opportunity to strengthen their position within the political system and who need all the help they can get from a federation.

At the risk of sounding like an advertisement for AIMp, I can say without reservation that the owners of the 'regional multiples' are all bright and articulate pharmacists, well-informed and well-connected, with the keenly honed commercial skills you would expect of professional businessmen.

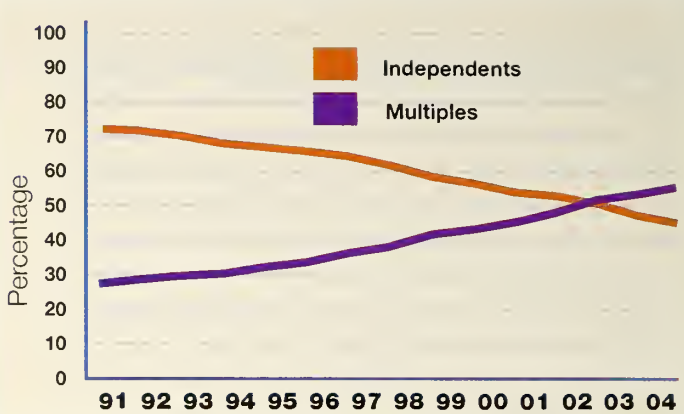


Chart 1: The change in pharmacy ownership (England and Wales 1991-2004)

On the political front, they came together to ensure that they had a permanent place on the Pharmaceutical Services Negotiating Committee by forming an organisation to look after their interests and fill three new places at the table. This had

E-mail your views to chemdrug@cmpinformation.com

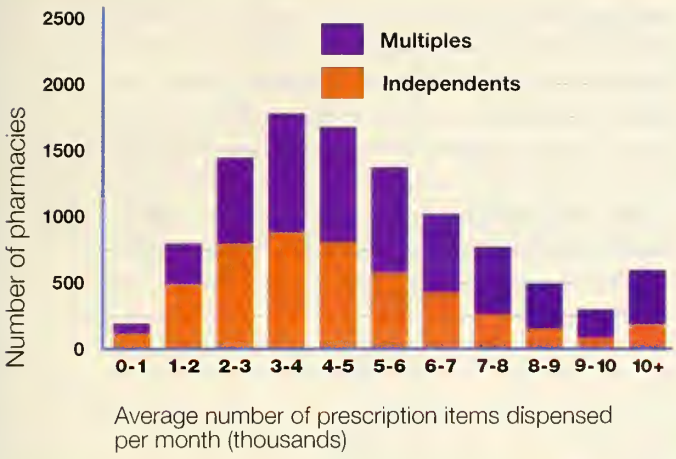


Chart 2 : Community pharmacy ownership by prescription volume (2003-2004)

the merit of leaving the PSNC regional elections free for independent contractor representatives, which is why I supported their initiative when I was a member of PSNC. The Independent Pharmacy Federation (IPF) wants to support those regional representatives and give them new resources.

Judging by Max Gosney's article, *Take AIM* (*C&D, January 14, p38*) the proposed Independent Pharmacy Federation appears to be competing with AIMp for the same contractor membership, but that is not so. AIMp does not represent that 48 per cent of pharmacies or independents' interests. If there is any dispute, it is around the membership of pharmacists owning five to 10 pharmacies who have specifically said they would rather join IPF than AIMp. At the other extreme are those pharmacists with one outlet who would prefer all members to own only one pharmacy. The simplest definition, covering those whom IPF seeks to represent, is to exclude contractors who are members of CCA (national chains), CPA (co-operative pharmacies) or AIMp (regional chains), all of which are regarded statistically as multiples.

The multiples (purple in the graphs) are present at all levels of dispensing volume but the independents (orange) are declining as the multiples take them over for a higher market share.

This is about the freedom of the individual to own a pharmacy, and in recent years a number of senior and high profile CCA pharmacists have left the big company ethos behind and bought pharmacies of their own. Retaining choice in the marketplace seems to benefit everyone.

The Independent Pharmacy Federation is about giving community pharmacy back to the independent pharmacist and empowering young pharmacists to become the next generation of pharmacy owners. It is not about preserving traditions or resisting change. It is about establishing a vibrant culture for independents that is inventive, responsive and, above all, financially sustainable for the future. However, to achieve both the political means and a successful end, we need the whole independent sector to stand up and be counted; to join together and act with the power of a coherent group.

Noel Baumber FRPharmS, FIPharmM(Int)

good move?

Generics giant TEVA has bought rival IVAX. Managing director John Beighton (above) tells **Max Gosney** why bigger means better for pharmacy customers

Big money mergers between pharmaceutical giants may not always captivate busy pharmacists. But TEVA's recent $7.4 billion takeover at IVAX, creating the largest generics company in the world, could result in raised eyebrows, says its managing director John Beighton.

"I really want pharmacists to see the benefits of this merger. I'd like contractors to look back and be able to say that the company has added great services, products and value to their business."

The Israel-based company, which supplies around 450 generic product lines in the UK, hopes the deal will help build its relationship with pharmacy customers, explains Mr Beighton.

"We believe our future is in getting close to pharmacy. We don't want just a buy and sell relationship but to understand each other's needs."

Top of the agenda for an industry in upheaval is strong support services, adds Mr Beighton. "Pharmacists have had to go through a large amount of changes. We want to provide them with the support to capitalise on new opportunities."

"I'd like contractors to look back and be able to say that the company has added great services, products and value to their business"

Aid will appear in the form of expanded customer services, reveals Mr Beighton, a biochemistry graduate who has been at TEVA for nine years.

"The services we offer are likely to grow," he predicts. "We want to offer more personalised advice from our team of managers on how pharmacists can make the most of new healthcare opportunities. It could be areas like becoming accredited for medicines use reviews or understanding ETP."

Pharmacists can also expect greater product choice following the acquisition, says Mr Beighton. The company will add around 70 IVAX items to its generics portfolio and branded asthma treatments including ovar and easi breath inhalers. Mr Beighton explains: "Both companies are about generics and our commitment has been to serve our customers as best we can. The merger creates a larger company, which will allow us to do it better." Growth could result in lower product costs, he adds. "It gives us a cost advantage and there will be some savings."

TEVA and IVAX will continue to trade under their current titles over the coming months, states Mr Beighton. TEVA's packaging will be unaffected by the deal, he confirms, with operations at TEVA and IVAX businesses in Leeds, Eastbourne, Runcorn and London's Royal Docks also set to continue.

The future of the company's 600 UK staff is less clear, admits Mr Beighton. However, the company's future plans remain positive. He says: "When TEVA acquires companies it tends to look at building sales rather than stripping assets."

How will the merger affect my pharmacy?

"If they're not going to put up prices and actually help us provide new contract services then it can only be a good thing. The company has the financial clout to really help pharmacy. However, I'm slightly worried that the bigger a company gets the more arrogantly it acts."
David Hawkin, pharmacist, Leeds.

"Any information that helps us with services like MURs and smoking cessation would be very useful. However, I'm concerned that the cost of these services might be reflected in the price of generics. There's no such thing as a free meal."
Anil Shah, pharmacist, Southgate, London.

Factfile on the merger

Buying: TEVA
Based: Israel
Portfolio: Over 450 generic products
Key markets: USA & Europe
Selling: IVAX
Based: USA
Portfolio: Over 300 generic medicines and branded asthma treatments
Key markets: USA, South America
Combined turnover: $7billion
Employees: 26,000
Status: Largest generics firm in the world and 16th biggest pharmaceutical company

Support for people with diabetes

Support for you

- Easy, accurate blood glucose monitoring systems
- Comprehensive patient education
- Dedicated support for healthcare professionals
- National TV advertising campaigns
- National and local press/sales promotions
- Merchandising and point of sale support
- Staff training initiatives
- Dedicated pharmacy helpline

It has been estimated that within 5 years as many as 5% of the UK population could have diabetes.

Abbott recognises that your role in advising and meeting the blood glucose monitoring needs of this huge group is vital.

That's why our national TV and press advertising directs them to you, and why we provide you with comprehensive marketing support.

For more information, call our pharmacy helpline

0800 316 8884 (Mon-Fri, 8am-5.30pm)

www.diabetesnow.co.uk

Abbott Laboratories Ltd., Abbott Diabetes Care,
Mallory House, Vanwall Business Park, Maidenhead SL6 4UD.

Abbott
A Promise for Life

E-mail your views to
chemdrug @ cmpinformation.com

MUR top tips

We asked you for your top tips on conducting medicines use reviews. We will pay £25 for the best tips you send in.

Jonathan Kerr, strategic development officer, Devon LPCs:

Engage the GPs.
Arrange to meet with GPs at the surgery during one of their practice meetings and explain the principles behind the MUR and how it should be integrated with the medication review performed by the GPs to ensure appropriate concordance with medication.

Send your top tips to *C&D* at *chemdrug@cmpinformation.com* or fax to 01732 367065 and you could win £25.

Ever heard of caveat emptor?

Xrayser's comment piece "It's all Greek to me" (*C&D, January 28, p17*) raises a number of rather puzzling issues.

In the first place why is *Xrayser* buying a product whose authenticity has not been checked? All legitimate parallel distributors are fully licensed and regulated by the MHRA to ensure the highest possible standards, and pharmacists should check their suppliers' credentials, rather than simply buying from the cheapest source.

Secondly, the MHRA would not approve the product for the UK market if it had any concerns about its safety.

Indeed, nor would the importer distribute any product that didn't reach the required safety standards – it would not be in his long-term interests to do so.

As the information leaflet enclosed with the imported medicine would have been identical to the UK product, if the dispensing information is unclear this should be raised with the MHRA, or with the manufacturer, which is likely to have been the same entity which produced the Greek product.

With 90 per cent of pharmacists using parallel imports, I am confident that the vast majority of pharmacists are happy with the high quality product and excellent service the British Association of European Pharmaceutical Distributors' members provide.

Richard Freudenberg, secretary-general, BAEPD

This article can help in the following CPD competencies: **G1h, G1t, C2a, C1f.**
A list is available at
www.uptodate.org.uk/home/PlanRecord.shtml

Join the pony club

In this fourth article in a series on veterinary medicines, *Sarah Cockbill* describes a wide range of equine conditions

It has been estimated that there are around 1.5 million horses and ponies in the UK

Ownership of horses and ponies used to be the preserve of those whose offspring had reached the "pony mad" age or true enthusiasts whose involvement had not declined with changing income or lifestyles.

But, as leisure time is increasing, so are the numbers of people keeping horses and ponies. There are no accurate records of the precise numbers in the UK as figures from the relevant agriculture ministries only give information on the numbers of equines grazing on agricultural land and do not consider the many thousands of animals being kept on domestic premises, moorland, working as police horses, dray horses or in riding schools. The conservative estimate is that there could be about 1.5 million horses and ponies in the UK, increasing annually.

Horse ownership can be costly. As well as shoeing every six weeks or so, regular worming and annual vaccination, there are livery yard bills or, if looking after the animal personally, purchase of feed, bedding and hay, not to mention saddles and a long list of other equipment. It often comes as a shock to realise that buying the animal is only the start of a financial obligation and that it is false economy not to comply because any resulting veterinary surgeon bills are significant even if the relevant insurance is in place.

There are many areas in which pharmacists' expertise with medicines can be used to the horse owner's advantage, and sound advice will lead to a mutually satisfying relationship. The *Veterinary Surgeon's Act 1966* precludes pharmacists from diagnosing or treating animal diseases, or responding to symptoms in the way we do routinely for human patients. However, pharmacists can assist animal owners by supplying preventative medicines, and advising on products and the need to relate dose to animal weight.

Horses in the EU are sometimes considered to be a food source but in the UK, Ireland and many other countries, it is more likely that they are bred for specialist performance (racing, eventing, show jumping) as well as for leisure activities. In the EU it is now mandatory that horses intended for breeding and production have a passport confirming whether they are intended ultimately to be a human food source or to remain as a companion animal/pet. This passport also has a section to record all medication administered by the veterinary surgeon or by the owner acting under veterinary supervision.

Poisoning by plants

Horses are herbivores that have a simple stomach and modified intestine with an enlarged colon. This enables digestion of the substantial quantities of roughage in their diet necessary to maintain health. Microbial activity in horse gastrointestinal tracts ensures they are unlikely to become thiamine deficient but symptoms have been seen in animals consuming significant quantities of bracken (*Pteridium aquiline*). This plant contains thiaminase, and it is important, particularly with older animals, to monitor the quality of the hay provided and remove any bracken as the poisoning is chronic and may take a couple of years to develop.

Ragwort (*Senecio spp*), a yellow-flowered member of the daisy family, is also extremely poisonous to horses. It contains pyrrolidizine alkaloids, whose toxic metabolites lead to progressive liver dysfunction and, ultimately, death. The clinical signs take some time to manifest but have a sudden onset. The plants are relatively unpalatable to horses while in flower so are not ingested unless there is insufficient grazing, but they become attractive as they die back and are

Continued on page 20

at the most risk. Horses will then eat them before other material so the responsible owner should ensure that plants are pulled up before they mature.

Endoparasite control

Horses have a larger number of potential endoparasites than any other domestic animal, so ongoing worm control is essential. Established livery yards and riding schools generally have a regular source of supply for horse wormers, but owners whose animals are not stabled may obtain their materials from a pharmacy, merchant or veterinary surgeon. These products are currently being reclassified as a result of recent legislative changes.

Nematodes or roundworms are the most common group of equine parasites and *Figure 1* shows how horses and ponies can act as hosts for the parasites at different stages of their lifecycle.

Worms in foals

The most significant parasites to infect foals are generally large roundworms (ascarids) such as *Parascaris equorum* and threadworms such as *Strongyloides westeri*. These, in significant numbers, affect the performance, growth and general wellbeing of the animal and, if left untreated, the worm burden may lead to death. The increased stress may make the foal more prone to secondary infection as well as leading to colic and/or diarrhoea.

P equorum may be up to 30cm long and one female can lay up to 200,000 eggs a day. If left untreated, a foal can carry over 1,000 of these roundworms. *S westeri* are only a problem with very young foals. Generally, larvae are transmitted via the mare's milk and diarrhoea is the result. However, diarrhoea in young foals is also a symptom of bacterial or viral infections so should be referred to a veterinary surgeon. Benzimidazoles such as fenbendazole or oxibendazole or ivermectins are appropriate for treating worm infestations in foals.

Worms in adult horses

Adult horses may be affected by large and small redworms, pinworms, lungworms, bots and, occasionally, tapeworms.

Recurring bouts of spasmodic colic (*see later*) are often the result of infestation by large redworms (*Strongylus vulgaris*). Equines carrying a large worm burden exhibit symptoms such as colic, diarrhoea, dry 'staring' coat and pot belly, and migrating *S vulgaris* damage the cranial mesenteric artery.

Small redworms (*Cyathostoma spp*) have a different lifecycle. As winter approaches, ingested larvae form cysts in the wall of the large intestine. These larvae hatch in the spring and can cause haemorrhage and anaphylaxis if not treated. Routine dosing with anthelmintics such as moxidectin controls over 80 per cent of larval infestation. Early winter, before they become encysted, and again in early spring, before they emerge and start migrating, are the best times to dose with fenbendazole or moxidectin for *Cyathostoma spp*. This is also the optimum time to dose for migrating large redworms.

Pinworms (*Oxyuris equi*) live in the large intestine. The female lays eggs in the skin surrounding the anus, which leads to irritation and tail rubbing. Pinworm infestation is often confused with 'sweet itch' (*see below*) and pharmacists have a role to ensure treatment is appropriate.

Lungworms may be controlled by ivermectins or mebendazole. Larvae migrate to the lungs after ingestion and cause coughing. Caution is needed as coughs may also be caused by bacterial or viral infections so veterinary advice will be necessary. Co-grazing with donkeys should be avoided, as they are carriers for lungworms.

Tapeworms should be treated with pyrantel at least twice a year (March/April and September/October) at a dose twice that for strongyles.

Bots

Bots are not worms but larvae of the gadfly *Gasterophilus*, which can lead to pain, gastritis and/or mechanical obstruction of the gut. The flies lay eggs in the horse's hair around the legs and stomach during July and August so regular grooming is essential.

These eggs hatch as the horse licks the area; the resulting larvae enter the mouth and are swallowed with feed. They are expelled from the gut in the spring, pupate and hatch into gadflies, thereby completing the cycle. Control is with ivermectin or moxidectin.

Endoparasite treatment

It is vitally important that any new animals joining a livery yard with animals that have been together for long enough to develop resistance to existing parasites are isolated and treated with a broad spectrum anthelmintic before being turned out. A suggested worming programme is:

- **February**: optimum encysted small redworm treatment.
- **March and September**: tapeworm treatment. Dosage as above.
- **Grazing season (March-September)**: routine worming every six to 13 weeks depending on the wormer.
- **November/December**: bot treatment, treatment of small redworms and migrating large redworms (optimum time).

There should be concurrent and regular dosing of all animals according to the product information leaflet throughout the grazing season. During the winter the frequency may be dropped to three-monthly if faecal egg counts for wormed animals are negative for two to three assessments.

It is also important to select an appropriate anthelmintic at the start of the season and use it for that year. There is a misconception that, to avoid the emergence of resistant strains, the wormer should be changed frequently throughout the grazing season. This is not so and it is now known that resistance to benzimidazoles, in particular, is increasing because products are changed too often. Pharmacists have a significant role to play here, because their knowledge of chemistry will ensure that the rotation is based on using different chemical entities and not product advertising.

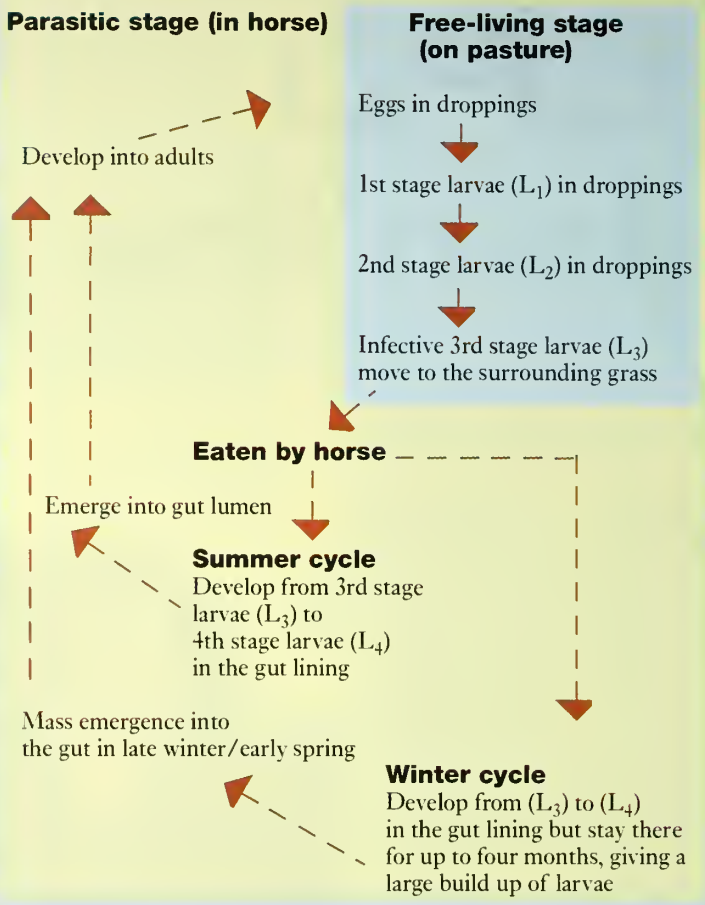
Reliance on anthelmintics can be reduced if faeces are removed frequently from grazing land, particularly during the spring and summer, and if pasture stocking is kept reasonable to avoid over-grazing. Also, the owner should be sure to administer the appropriate dose for the animal's weight – giving a little extra "just to be sure" is not a good idea!

Ectoparasites

Flies: nuisance flies such as *Musca* or *Hydrotaea* and the gadfly, *Gasterophilus*, cause animals great distress during the summer. Fly repellents generally include citronella oil, diethyltoluamide or dimethyl phthalate as well as synthetic pyrethroids such as cypermethrin and permethrin formulated as gels, liquids, creams or sprays.

Sweet itch: sweet itch is hypersensitivity to the saliva from the bites of midges, especially *Culicoides spp* and flies during the summer. It is often manifested by

Figure 1: Equine nematode lifecycle



the animal rubbing the base of its tail against any available hard surface. This results in a dermatitis that may be confused with pinworm infestation. The absence of cream coloured pinworm eggs under the tail indicates that the problem is sweet itch. Susceptible horses should be housed during the day and turned out overnight during the summer. This is a sound regime for all horses, as it minimises the distress caused by biting insects. Benzyl benzoate lotion is licensed to treat sweet itch and may only be used on horses not intended for human consumption.

Other conditions

Colic: this is a non-specific term applied to symptoms of abdominal pain, which can be the result of several conditions.

Most colics are benign and respond to veterinary intervention with antispasmodics, analgesics, sedatives, NSAIDs, anthelmintics, lubricants and electrolytes. But because colic can be life-threatening it is important to call a vet immediately.

Cough: coughs have many causes, most of which are benign but which need accurate diagnosis by a vet. Commonly these are viral infections such as equine influenza, laryngitis, bronchitis, lungworm infection and allergies from dry hay or straw bedding. Treatment involves mucolytics such as bromhexane and dembrexine as well as expectorants such as ipecacuanha, squill, guaiacol and ammonium salts, but proprietary cough mixtures are not licensed for use in animals in the UK. If the veterinary surgeon considers that any mixture would be appropriate then a veterinary prescription is necessary. It is illegal to sell the products OTC for the treatment of coughs in horses.

Chronic obstructive pulmonary disease: this often results from inhalation of fungal spores such as *Aspergillus fumigatus*, which are found in hay or straw and initiate an allergic response. It can be avoided by buying good quality hay and soaking it before use, and by using wood shavings, peat or shredded, processed paper as bedding.

Vaccination

The major viral infection of equines is influenza, which is highly infectious. Annual vaccination is recommended and several combination vaccines are available. Immunisation for tetanus is required biennially as it has been shown that annual boosters lead to kidney damage in the long term.

Pharmacists have the knowledge to advise on passive versus active immunity, live versus killed vaccines, contraindications and side effects. They also have experience and facilities to ensure that vaccines are stored and transported correctly and can also advise on the need to use sterile needles and syringes to prevent abscesses and transmission of incidental infections. Injection sites should be clean and, if appropriate, clipped before giving the vaccine.

While horses are considered food in some countries, in the UK they tend to be bred for performance, leisure or work. However, horse passports need to indicate their future fate. The use of certain drugs is not permitted should the horse be likely to enter the food chain

Mud fever and rain scald

These infections are caused by *Dermatophilus congolensis*, an organism prevalent in wet weather. A grazing animal exposed to persistent wetting may present with lesions on the back or quarters and possibly along the lines of rainwater drainage – the so-called rain scald.

Mud fever is common when there are persistent wet and muddy conditions underfoot and is found more frequently in animals with non-pigmented, white socks/stockings. It is a general term used to describe conditions causing pastern dermatitis.

Dermatophilus congolensis is resistant to desiccation and has been found up to three feet below ground level several years after infection has contaminated the pasture. When ideal conditions return, the organism enters cracks or fissures in the skin and gives rise to the chronic, painful and debilitating condition known as mud fever. Other pathogenic organisms isolated from lesions include *Staphylococcus spp, Prevotella, Porphyromonas, Fusobacterium, Bacteroides* and *Mycoplasma*.

Treatment involves removal from wet pastures and the application of antifungal, antiseptic and antibacterial creams.

Ringworm

Ringworm is a common, important and highly zoonotic skin disease of horses. The causative organisms are usually species of *Trychophyton* or *Microsporum*. Transmission is by direct contact with infected animals or through infected grooming equipment, tack, clippers or horseboxes. The incubation period is about four weeks and most human cases are seen in summer (after riding bareback) or autumn.

The initial signs in horses are raised patches of skin followed by breaking hairs and red, round, circular, crusty lesions in the saddle, girth or back areas. Hypersensitivity reactions may occur, which lead to oedema, suppuration and necrosis. Infection is usually self-limiting, with spontaneous remission in three months.

Management involves isolation of the infected animal. Topical antifungal creams are effective and should be continued for a minimum of five days after the lesions have receded to avoid resistant strains emerging. Treatment of the animal's environment is also necessary.

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Depression theories challenged

Two papers published this week have challenged commonly-held beliefs about depression.

The first paper contests the opinion that no improvement in mood can be expected in the first couple of weeks of antidepressant (AD) therapy. A meta-analysis published in the *British Journal of Psychiatry* found that, in four-fifths of all trials examined, the response was greater in weeks one and two of AD therapy than any subsequent time.

In explanation of the "delayed onset hypothesis", the authors suggest that health professionals fail to distinguish between initial therapeutic benefit, which occurs within days of starting an AD, and drug versus placebo effect, which develops more slowly.

Furthermore, clinicians may not have explained to patients the difference between "onset of action" and "substantial remission", they propose.

Published in *JAMA*, the second paper disputes the belief that pregnancy protects against depression. The US study involved over 200 women with a history of major depression, and found that 26 per cent of those who maintained their medication throughout pregnancy relapsed, compared to 68 per cent of subjects who discontinued ADs.

The authors say their findings suggest that the practice of women stopping AD treatment when trying to get pregnant or after conception is flawed. Furthermore, maintaining drug

therapy may be a "particularly understandable" treatment option in light of the growing amount of safety information supporting AD use during pregnancy, they conclude.

For more information:

Br J Psych 2006; 188: 105-106

JAMA 2006; 295: 499-507

EMEA suggests wider drug use

The use of Lyrica (pregabalin) and Remicade (infliximab) look set to increase following judgements made by the European regulator.

At its meeting last week, the European Medicines Evalution Agency's Committee for Medicinal Products for Human Use (CHMP) approved extending Lyrica's license to include general anxiety disorder. In the UK, the Pfizer product may be used for peripheral neuropathic pain and epilepsy only. The committee also adopted a positive opinion on widening the indications for Remicade to include treatment of moderately to severe active ulcerative colitis.

Other products subjected to CHMP's scrutiny included:

- Bonviva and Bondenza (ibandronic acid) – suggested approval for intravenous administration once every three months for the treatment of osteoporosis.
- Exelon (rivastigmine) – final positive opinion adopted for the symptomatic treatment of mild to moderately severe Alzheimer's dementia.

For more information:

www.emea.eu.int

Ketek caution advice

The European Medicines Evaluation Agency is advising that Ketek (telithromycin) should be used only with caution in patients with hepatic impairment.

EMEA has issued the reminder following a number of reports of serious acute hepatitis, including fatal liver failure, in patients on the antibiotic. While it awaits the results of a full safety review, EMEA has asked the manufacturer to include stronger warnings about liver disorders in its product information, and advised patients of the symptoms and signs of liver disease, which include anorexia, itching and yellowing skin and eyes.

For more information:

www.emea.eu.int

Possible role for Cox-2s in breast cancer

Cox-2 inhibitors may have been given a new lease of life, following a study that has linked the drugs to a reduced risk of breast cancer.

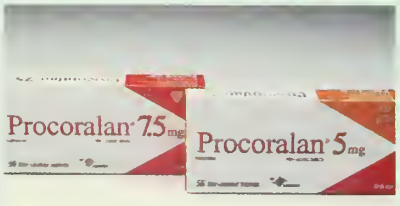
US researchers compared the effects of different Cox-2s, NSAIDs and paracetamol in 323 breast cancer patients and 649 cancer-free control subjects. Daily celecoxib 200mg or rofecoxib 25mg taken for two or more years was associated with a 71 per cent reduction in breast cancer risk. Regular NSAIDs (ibuprofen, naproxen, aspirin) also significantly reduced the risk, though to a lesser extent, but paracetamol and low-dose aspirin had no effect.

For more information:

BMC Cancer 2006, 6: 27

www.biomedcentral.com/bmccancer

Scriptlines



Procoralan

Procoralan (ivabradine), an angina pectoris treatment for patients who cannot take beta-blockers, has been launched by Servier. Ivabradine selectively inhibits the sinus node I_f channels to reduce heart rate while maintaining cardiac contractility and atroventricular conduction. The recommended starting dose is 5mg twice daily, increasing to 7.5mg after three to four weeks depending on the response.

According to the SPC, some of the contraindications to Procoralan include use in children, severe hepatic insufficiency, cardiac arrhythmias, unstable angina, severe hypotension, bradycardia, pregnancy and lactation. In addition, a drug interaction exists with strong cytochrome P450 3A4 inhibitors, such as azole antifungals and macrolide antibiotics.

Price: £39.00

Pack size: 56 tablets

Pip code: 5mg 320-2629, 7.5mg 320-2637

Servier Laboratories Ltd

Tel: 01753 662724

Exubera

Exubera – the first inhaled insulin – looks set to launch this May. Pfizer, which has developed the diabetes product in conjunction with Nektar Therapeutics, made the announcement last week after Exubera was granted marketing authorisation by the European Commission.

The company added that an education and support programme for healthcare professionals on how to use the device and where the fast-acting insulin product fits into current guidelines would start in the next few weeks.

For more information:

Pfizer Ltd

Tel: 01304 616161

Aranesp

Responsibility for the supply of Aranesp (darbepoetin alfa) and Mimpara (cinacalcet) will pass from Farillon to Healthcare Logistics on February 6.

After this date, orders should be faxed through to 01234 248795, telephoned to 0870 871 1892 or e-mailed to *orders@healthcarelogistics.co.uk*

Efexor 75mg

A manufacturing problem is currently affecting the supply of Efexor 75mg tablets (venlafaxine). No other presentations or strengths are affected.

For more information:

Wyeth Pharmaceuticals

Tel: 01628 604377

Clearasil changes its spots

The Clearasil brand has been relaunched with a contemporary image and new lines. Aiming for a more sophisticated look to attract a wider audience, packs have been given a softer shade of blue, moving away from its familiar bright turquoise livery.

New to the brand are two three-strong ranges. The green tea and peppermint family containing Daily Oil Control comprises gel wash, cleansing wipes and mattifying cream while the Daily Blackhead Control range, formulated with sea salt, includes a scrub, cleanser and pads.

The core range is being relaunched under the Clearasil Daily Spot Control and Clearasil Daily Deep Cleanse pillar names, says manufacturer Crookes.

Meanwhile, Clearasil Ultra and Clearasil for Men will be reformatted in April.

The relaunch is being supported by a £5 million marketing campaign taking in advertising, sampling, consumer PR, promotions and a relaunched website.

Price, pack sizes and pip codes: Oil control gel wash 200ml £4.99 (319-8611); Oil control cleansing wipes 25 £4.99 (319-8579); Oil control mattifying cream 15ml £4.99 (319-8629); Blackhead clearing scrub 150ml £4.99 (319-8603); Blackhead clearing cleanser 200ml £4.29 (319-8587); Blackhead clearing pads 60 £4.99 (319-8595)

Crookes
Tel: 0115 953 9922
www.clearasil.co.uk

Digital thermometer from Braun

Braun has entered the digital thermometer market with the launch of the PRT 1000 high speed digital thermometer.

Giving a reading in 10 seconds, the thermometer is suitable for all family members. Designed for rectal use, the PRT 1000 has a flexible tip, making it gentler than a glass thermometer.

To support the launch, consumer and trade PR activities, an internet campaign, direct marketing and advertising are planned.

The PR will focus on a website, currently under development, featuring TV GP Dr Chris Steele and information about taking temperatures. Training and sampling will be targeted at midwives and health visitors.

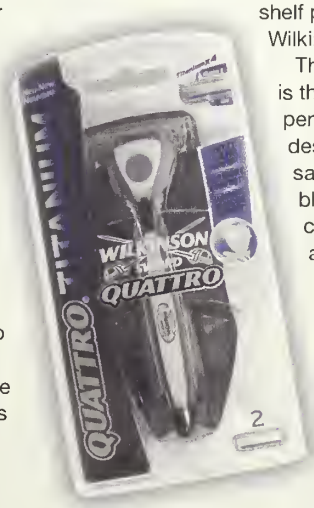
Price: £9.99

Pip code: 319-7258
Braun
Tel: 020 8560 1234

Wilkinson shows its metal

Wilkinson Sword is launching two new razors, one for men, one for women.

The Quattro Titanium for men is the first razor to feature blades with a titanium undercoating, claims the manufacturer, which stay sharp to reduce drag and pull on the skin. The four-blade design is said to give "incredible comfort during and after a shave" while a rubber guard stretches the skin and encourages hairs to stand up. An aloe vera lubrication and vitamin E conditioning strip are included for added skin protection. The product has been given a premium design for consumer appeal and on-shelf presence, says Wilkinson.



The Quattro for Women is the first four-blade high performance razor designed for women, says Wilkinson. Its four-blade design gives a close shave while an aloe vera and vitamin E conditioning strip gives improved razor glide and the pivoting head follows the body's curves during use. Its solid metal handle is a first on a women's razor, says Wilkinson.

Price: Quattro Titanium £5.99, blades £5.49 for 4 or £10.49 for 8; Quattro for Women £4.99, Pip code 320-2199, blades £4.99 for 3, Pip code 320-2231

Wilkinson Sword
Tel: 01494 533300

Correction

An incorrect telephone number was supplied by Dream Technology, manufacturer of the Dream-mover (*C&D, January 14, p28*).

The correct number is 0870 777 3652.

Second time round for Canesten

Canesten Duo makes its comeback to TV screens this month until April, marking the start of a £5.5 million spend this year.

Repeating its successful advertising campaign of last year, Canesten Duo is the only thrush product to combine an oral capsule with a tube of double strength cream to soothe external irritation.

The national campaign will appear on terrestrial, satellite and free-view channels.

For more information:
Ceuta Healthcare
Tel: 01202 780558

Radox goes to heaven

Heavenly is a new range of bath products from Radox.

Designed to give an indulgent feel, the range will be supported by a £450,000 women's press campaign running from April to July and national distribution of money-off coupons to generate trial.

Bath products are now largely chosen with pampering in mind and as gifts, says Radox. Expected to appeal to a young, affluent audience, the Heavenly range comprises two silks: jasmine and sandalwood to relieve tension and enrich dry skin; and waterlily and mimosa to promote tranquillity and calm. There are also two velvets: raspberry and neroli to relax and soothe; and ylang ylang and violet to enhance mood and promote sensuality.

Price: £2.99

Pack size: 250ml
Pip code: jasmine & sandalwood 317-5304; raspberry & neroli 317-5320; waterlily & mimosa 317-5296; ylang ylang & violet 317-5312
Sara Lee
Tel: 01753 523971

Packing in more value

BR Pharmaceuticals has repackaged and relaunched its Valupak Lifestyles range, introducing clearer, information-based labels and a lower price tag.

The range has been rationalised from 14 to focus on the six top-selling tailored supplements: Busy lifestyle, Hair, nails & skin, Immune system, Menopause, Menstrual cycle and Pregnancy.

Price: £1.99

Pack size: 30
BR Pharmaceuticals
Tel: 0113 275 0000

Get SnapLab happy

The Sony SnapLab, a desktop based digital photofinishing printer, has been launched.

Aiming to provide "photographic-quality printed images" at an affordable price, the SnapLab is the latest addition to the Print by Sony family. Featuring a colour LCD touchscreen, the product guides the user through the process to make photos from digitally stored images.

Measuring 27 x 30cm x 38cm high and with no computer connection required, the SnapLab can fit on the narrowest counter, says Sony. The SnapLab costs £1,250 (excluding VAT) and, according to Sony, retailers can achieve a return on their investment in a few months.

For more information:

Sony
Tel: 01932 817222
www.sonybiz.net

Scriptlines

DesmoMelt

Ferring Pharmaceuticals has introduced three sublingual desmopressin products.

DesmoMelt 120mcg tablets are indicated for the treatment of primary nocturnal enuresis in patients aged five to 65 years. Recommended dosing is one tablet, administered sublingually, at bedtime, increased to two tablets if necessary. The need for continued treatment should be reassessed after three months by withdrawing DesmoMelt for at least one week.

DDAVP Melt 60mcg and 120mcg tablets are licensed for the treatment of vasopressin-sensitive cranial diabetes insipidus and post-hypophysectomy polyuria or polydipsia. For both conditions, dosage should be individualised.

All three products are contraindicated in patients who have cardiac insufficiency or other conditions requiring diuretic therapy. In addition, care should be taken when initiating treatment in patients who have reduced renal function or cardiovascular disease.

Product information:

DesmoMelt 30s £30.34 320-7974: DDAVP Melt 60mcg 100s £50.53 320-7990; DDAVP Melt 120mcg 100s £101.07 320-7982
Ferring Pharmaceuticals Ltd
Tel: 01753 214800

Peptamen Junior

Nestlé has launched Peptamen Junior, an ACBS-approved nutritionally complete supplement.

The vanilla-flavour powder may be prescribed as the sole source of nutrition or as a nutritional supplement for children aged three to 10 years who have short bowel syndrome, intractable malabsorption, inflammatory bowel disease or bowel fistulae. The product is suitable for both oral and tube feeding.

NHS price: 400g tin £10.52

Pip code: 320-8006
Nestlé Nutrition Business Unit
Tel: 020 8686 3333

Bard bags

Bard D1MT non-drainable two litre night bags now feature a "snap off" tap, allowing easier emptying before the single-use product is discarded.

For more information:

Bard Ltd
Tel: 01293 527888

Buscopan® IBS Relief

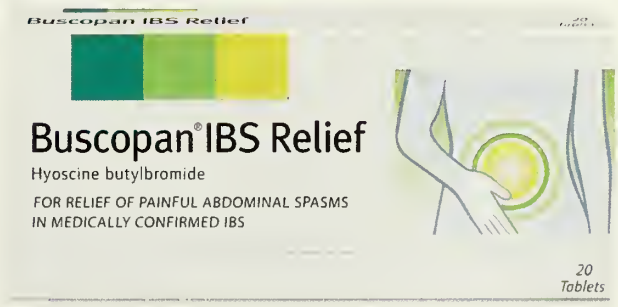
National TV and Press campaign starts 6th February 2006

Now the fastest selling product in the IBS Category*

*Source: IRI 52 w/e 24-12-05 All outlets value sales v's year ago

Order NOW

Merchandise on the GSL fixture in the Abdominal Pain Category



www.buscopan.co.uk

Buscopan IBS Relief Product Information
Tablets containing hyoscine butylbromide 10mg. **Indication**: Relief of gastro-intestinal tract spasm associated with medically confirmed irritable bowel syndrome. **Dose**: adults (over 12 years) only: initially 1 tablet three times daily, increasing if necessary to 2 tablets four times a day. **Contra-indications**: myasthenia gravis, megacolon, narrow angle glaucoma, known hypersensitivity to any component. **Warnings and precautions**: conditions characterised by tachycardia; those susceptible to intestinal or urinary outlet obstruction; pyrexia. Warn patients to seek medical advice if they develop a painful red eye with loss of vision whilst or after taking Buscopan IBS Relief. Advise patients to consult their doctor before taking IBS Relief if: age over 40 years and some time since the last attack of IBS or the symptoms are different; recent rectal bleeding; severe constipation; nausea or vomiting; loss of appetite or weight; difficulty or pain passing urine; fever; recent travel abroad. Advise patients to consult their doctor if they develop new symptoms, or if symptoms worsen, or if they do not improve after 2 weeks of treatment. **Interactions**: Co-administration with a dopamine antagonist may diminish the effect of both medicines. **Undesirable effects**: dry mouth, tachycardia, hypersensitivity, skin reactions. Rare: urinary retention; dyshidrosis; isolated cases of anaphylaxis with episodes of dyspnoea and shock. **Pack size and retail price**: 20 tablets £4.39 PL 00015/0253 **Legal category**: GSL **Product Licence Holder**: Boehringer Ingelheim Ltd., Ellesfield Avenue, Bracknell, Berkshire RG12 8YS. For fuller information please see Summary of Product Characteristics. Prepared in April 2005.

Marketwatch

Nelsons invests in Rescue

Rescue Remedy is receiving a £1 million boost in the shape of print, radio and online promotions, direct marketing and point of sale materials. Activity will focus around two bursts scheduled for March to April and September to October. Targeting women with busy lifestyles looking for natural stress relief, a new creative has been developed with three ads: In the office, At home and Travel, each demonstrating situations where Rescue Remedy can be used to de-stress. A competition, 'Rescue me and my best friend' offers customers the chance to win a shopping break for two in New York.

Nelsons hopes to build on last year's success which saw Rescue Remedy claim a 42 per cent share of the £9.8m stress management category.

For more information:
Nelsons
Tel: 0800 289515

TV next week

Clearblue

Anadin Extra: All areas

Bassett's Soft & Chewy Omega 3 Vitamins: GMTV, Sat

Blistex: GMTV, Sat

Buscopan IBS Relief: C4, GMTV, Sat

Buttercup Cough Syrup: C4, GMTV, Sat

Calprofen: All areas except GMTV

Clearblue: ITV

Cura-Heat Arthritis Pain: All areas except GMTV, Sat

Cura-Heat Back Pain: All areas except GMTV, Sat

First Response: All areas except five

Haliborange Omega-3 for Kids range : C4, GMTV, Sat

Kool'n'Soothe Kids: All areas except C4, five

Kool 'n' Soothe Migraine: All areas except C4, five

Lanacane: All areas

Multibionata Activate: C4

Palmer's Cocoa Butter formula: C4, Sat

Pearl Drops: All areas except five

Sanex Excel: U, STV, C, A, HTV, M, LWT, CAR, C4, five

Seven Seas Cod Liver Oil: All areas except C4

Seven Seas Joint Care: All areas except C4

Soothagel: five, GMTV

PharmaSite for next week: Zovirax – Windows, **Thornton & Ross** – **Fluconazole** – In-store **Thermacare** – Dispensary

Pharmacy channel: Buscopan, Eating Disorders Association

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

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UniChem

Taking a SPECIAL

The specials industry is continually developing products and revising formulations. But how much longer can this growth and innovation continue? Steve Bremer reports

Increasing demand for specials is fuelling growth in the industry. But manufacturers are concerned that if their top 150 products are added to the *Drug Tariff* their ability to deliver choice and responsiveness may be compromised. The industry continues to innovate and invest in technology. But this is only possible if it remains profitable.

The new contract in England and Wales is fuelling demand for extemporaneous preparations, says Allan Robinson, general manager at BCM Specials. "The demands being placed on community pharmacists by the new contract to provide important new services is a key driver of this growth but pharmacists have a wide choice of commercial specials manufacturers, which makes the industry very competitive," he says.

Alternative formulations such as liquid variants are becoming increasingly popular, says Jan Flynn, marketing manager at Rosemont. And the *Disability Discrimination Act 2005* will put additional pressure on pharmacists to supply medicines in the optimum format for individual patients, she adds. Patients with swallowing difficulties, for example, now have the legal right to receive their medication in an appropriate way, which may be a liquid variant.

The outcome of the Department of Health consultation on simplifying reimbursement systems, which includes a proposal to list 150 of the most popular specials in the *Drug Tariff*, is eagerly awaited by all in the industry. All manufacturers agree that this represents a challenge and it risks reducing patient choice and creating confusion over reimbursement.

"Like any industry, specials thrives on competition, of which price is a part," says Alison Norman, technical director at Quantum Specials. "If Tariff prices are set a lot less than currently charged by commercial manufacturers this would significantly reduce the ability of companies to reinvest in training, facilities and equipment," she warns. Ms Norman points out that the high standards the MHRA requires from manufacturers are expensive to maintain and these costs must be recouped.

Fiona Cruickshank, managing director of the Specials Laboratory, is expecting the proposal to go ahead and is already investigating efficiencies that can be made within her company. She is concerned

interest

Photo: SCM Specials

that the decision is based purely on price and the new rules may not apply across a range of different formulations.

The industry's representative body, the Association of Commercial Specials Manufacturers, wants to ensure that quality is maintained. "The ACSM is happy to engage with the DoH and is keen to ensure that the focus is on value rather than price," says a spokesperson for the association. "In the commercial specials sector this reflects the considerable and consistent investment in facilities, staff and formulation development necessary to enable ACSM members to offer doctors and pharmacists the ultimate levels of choice, flexibility and responsiveness to meet their patients' needs."

Another challenge facing manufacturers is the

The journey of a special

ACSM members add value at every stage of the process. This includes:

A request from a pharmacist

Customer liaison, including agreement of delivery timescales

Formulation of the individualised product and stability assessment if not previously undertaken

Manufacture under GMP controlled conditions

Quality assurance release, which may include quality control testing and analysis

Delivery of the product with the required documentation eg certificates of analysis or conformance

In a sense, the 'journey of a special' begins even before the doctor writes the prescription. In order to have the flexible capacity to provide pharmacists and doctors with a service that can meet a wide variety of needs, ACSM members make considerable investment in facilities, stock and storage, staff recruitment, training and development.

Manufacturers devote significant resources to the sourcing of raw materials to ensure that they can continue to manufacture and develop formulations to meet the ever-changing needs of patients. They also develop thousands of formulations, which they hold to help in meeting patient needs.

When contacting a specials manufacturer, pharmacists can make use of their advice and formulation expertise and be confident that the prescription will be prepared by skilled technicians in regulatory authority approved manufacturing conditions. The manufacturer will take on legal liability for all of the production aspects of the medicine, providing the pharmacist with peace of mind.

ACSM members' skilled staff work to standard operating procedures and comply with a large number of legal regulatory and quality standards. They use precision equipment calibration with systems of checks and double checks before release.

At the end of the manufacturing process the specials medicines are labelled with handling requirements, storage conditions and expiry dates and delivered to the pharmacist within a short lead time. The pharmacist is then provided with record keeping documentation to ensure compliance and facilitate audit.

provision of better medicines for children, with the recently launched *BNF for Children* increasing awareness of the issue. The ACSM provides a forum for its members to discuss how they can answer paediatricians' calls for improved products.

It is relatively unusual for a new medicine to be launched in a liquid format suitable for babies' or children's needs. ACSM members are frequently called upon to develop palatable oral liquid formulations for children. The younger the baby or child, the more important it is to give an accurate fraction of the dosage. Furthermore, a liquid medicine in a familiar and popular taste, such as banana, will often make it easier for parents to ensure compliance.

The *BNF-C* does not contain as many children's specials as expected, says Ms Cruickshank, although this may change in subsequent editions. She believes that it has not yet affected prescribing habits.

Special innovations

In response to the DoH's proposed changes to the *Drug Tariff*, companies will have to consider diversification to protect their businesses, says Ms Norman. One area of growth in the industry is provision of aseptic products such as cytotoxic treatment for patients to use at home.

The product mix in the specials market has always been dynamic, with products being lost to full licensing and other licensed products becoming discontinued. Formal stability studies to extend shelf lives are only commercially feasible for the big sellers. To perform such studies requires fixing strengths, pack sizes and excipients, thus removing flexibility with these parameters.

Specials manufacturers must be able to respond rapidly and flexibly to meet prescribers' needs, says Ms Flynn. "Investment in technical resources and formulation expertise is essential for a twenty-first century specials manufacturer," she says.

Rosemont has an ongoing product development programme so that even more specials will be offered as liquid medicines in the future. A major upgrading and refurbishment programme has been undertaken at its manufacturing facility in Leeds, which has increased capacity five-fold. A new state of the art water system has been installed and production tanks, the electrical system and air handling systems have all been overhauled and updated.

Mr Robinson agrees that the competitive nature of the commercial specials industry demands continued investment. "BCM Specials has invested heavily in people, the latest technology and state of the art facilities – the outcome of which is that we are better placed than ever before to offer our customers the high level of service and fast response times that they require," he says.

"...I don't think that we are getting the message over..."

Fiona Cruickshank

Recruitment and training

As the industry increases in size, additional staff with a wide range of skills must be recruited to meet demand. The range of positions available at manufacturers include:

- Customer services operatives: assist the customer in confirming product availability and delivery times.
- Pharmacists with expertise in formulation ensure that the product is formulated to meet the customer's need and is pharmaceutically stable.
- Skilled technicians: responsible for manufacturing the product under GMP controlled conditions.
- Quality assurance pharmacists: responsible for the product's final release; ensuring that it is fit for purpose; that the relevant tests are performed and the results within limits; and that the relevant documentation (certificates of conformance or acceptance) are provided.

Finally, the logistic experts ensure that the product is packaged suitably and delivered on time.

Rosemont has recently expanded its team of product development scientists and pharmacists. "We have not had difficulty with recruitment, possibly because we have a small, committed team of experts with a clear career progression pathway and ample opportunities to undertake additional training," says Ms Flynn.

Specials should be high on the list for those pharmacists and technicians considering an interesting career change, but they may not be sure of what qualities the industry requires. "The main feature we look for is a conscientious and

Examples of professional care from ACSM members

When a patient could not stabilise on a generic alternative to a branded topical steroid lotion an ACSM member had to develop a lotion with exactly the same consistency and smell to the withdrawn product, even down to sourcing the same packaging components. The patient was satisfied with the specially formulated medicine and control of their skin condition was re-established.

Specials manufacturers can be asked to tailor a patient's infusion therapy for use at home. For example, a patient discharged and needing home parenteral nutrition will typically need their regime reformulated to ensure an adequate shelf life. Within the hospital setting regimes may be used which are stable for only 72 hours, but this is insufficient for home care, where a shelf life of eight days or more is required. This requires close collaboration between the hospital, which needs to ensure that the regime meets the patient's clinical needs, and the manufacturing unit, which is tasked with ensuring the regime has adequate stability.

The specials industry – the facts

ACSM members had invested £32.3 million in their businesses in terms of capital investment and stocks and £1.2m in training and developing their staff, when last audited. Commercial specials manufacturers can save pharmacists around 40 minutes or more per special.

It is not unusual, for example, for an ACSM member to taxi an urgent item to a pharmacy within three hours and other specials medicines are frequently delivered on a next day basis.

professional attitude and meticulous approach," says Ms Norman. "We can accommodate technicians of different levels of qualification and experience. Some have highly developed pharmaceutical skill, whereas others have primarily manufacturing skills which can be taught in-house."

BCM Specials wants a mixture of skills in its team, says Mr Robinson. "We find the most effective team comprises pharmacists from a combination of retail, quality and formulation backgrounds. What is more important is that an individual is flexible, meticulous and possesses effective time management and team working skills, as with appropriate training and support a pharmacist can be developed into a specials manufacturing role."

The Specials Laboratory mainly takes people with little background knowledge and trains them in-house. Some of its senior management positions are taken by technicians who have worked their way up through the company. The company has developed its own NVQ level 3 that leads to a fully qualified technician.

While the Specials Laboratory is unusual in that it employs a relatively large proportion of pharmacists (eight from a total workforce of 109), Ms Cruickshank is concerned that applications are coming from a relatively small cross-section of the profession. "One of my great disappointments is that we don't have many people applying from hospital."

Many pharmacists are reluctant to change their career path, says Ms Cruickshank, due to a fear of the unknown. "There are lots and lots of opportunities in our industry but I don't think that we are getting the message across quite as well as we could."

Anyone for pharmaceutics?

Those undergraduates interested in a career in specials, or any other aspect of pharmacy, should pay special attention to their pharmaceutics lectures, say the manufacturers. "The pharmacist's role in the medicines management team is to support medical staff who do not have the pharmacist's expertise in the complex issues surrounding pharmacokinetics and pharmacodynamics and how activities such as crushing a tablet designed to release the active ingredient over a 12-hour period can have a significant negative impact on clinical outcomes," says Ms Flynn.

Pharmaceutics is the one section of the degree course unique to pharmacists that gives them skills that no other discipline receives, says Ms Norman. Treating a patient successfully is not only about the clinical input. Choosing the best drug delivery system for that patient may improve both compliance and clinical outcome, and this is a skill for which pharmaceutics is essential.

Mr Robinson believes pharmaceutics is important for community pharmacists because it provides the link between pharmacology and physiology. "A knowledge of pharmaceutics is certainly required by pharmacists when advising the prescriber on the most suitable formulation for a special."

ETP in action

The Brigstock Pharmacy in Croydon went ETP live last May. Proprietor Beran Patel tells **Max Gosney** how the technology has fared

The ETP system sits in silence as the team at the Brigstock Pharmacy process the first of the day's prescriptions manually.

"The system has come to a halt," explains pharmacist Beran Patel, whose Croydon based business was the second in the UK to begin processing e-scripts last May. He adds: "It's like having a shiny new sports car in the drive but not being able to put it through its paces." The pharmacy started out as a pilot site for AAH Pharmaceuticals to gain ETP phase I accreditation for its Link PMR system with NHS Connecting for Health.

Although AAH has been given permission to deploy, problems with his local GP are keeping Mr Patel's system sidelined. He says: "I can't process any scripts because the EMIS system we are attached to has not registered all of the drugs we dispense on its database."

Under NHS IT plans all medicines will receive a unique electronic tag known as a dictionary of medicines and devices code (DM&D). This code will allow GP and pharmacy PMR systems to exchange information.

But, claims Mr Patel, as only around 25 per cent of medicines on the EMIS system have been coded, little data is being communicated between professions. He explains: "The problem we have is that GPs write out a prescription for several medicines. However, not all of the drugs have been registered so don't have a barcode. It's a real headache and we have processed nothing electronically in 2006."

EMIS says it is currently updating GPs with DM&D codes and will have fixed the problem by late February. In the interim, frontline ETP experience has boosted the Brigstock Pharmacy team's confidence, claims Mr Patel. "As an early implementer we've had our headaches. But in terms of the learning curve we are way ahead of other people," he says.

Despite technical difficulties, which meant the pharmacy had to upgrade its PMR system, ETP has proved a

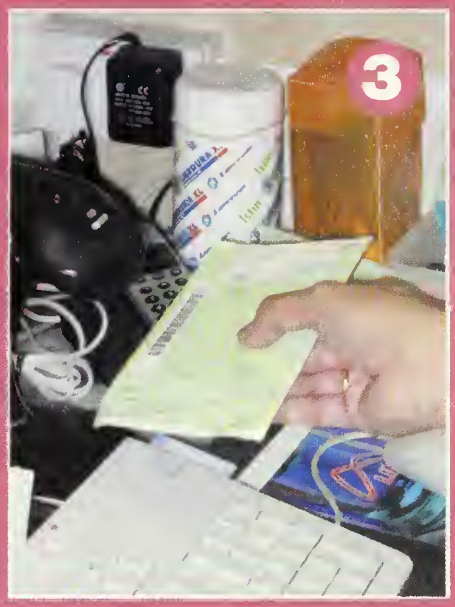
ETP essentials – tips from the expert

Mr Patel's advice on ETP:

- **Don't Panic:** "A lot of people are computer phobic. But the ETP system is incredibly simple to operate."
- **The right system:** "There are various systems on the market so take a good look at the options. Look out for suppliers offering a combined connection to the national network, N3. I used AAH which has been very good."
- **Money:** "Cost is a big issue. Our system cost around £4,000. Don't rush into it and make sure you make a sensible choice."
- **Staff:** "CfH and system suppliers produce training materials. You can carry out training with dummy prescriptions and most staff pick it up very quickly."

Mr Patel receives the patient's prescription (left). The smartcard (above) ensures access to the NHS spine

The script is scanned and the PMR system requests prescription details from the NHS spine



The prescription details are confirmed and adjusted on the patient's local PMR record. The system confirms the medicines have been dispensed with the spine. Pharmacist prints out medicine label with patient instructions. The paper script is kept for submission to the PPA

One of the major advantages of ETP is that it makes dispensing a much more accurate processs

surprisingly simple tool, says Mr Patel. "Contractors should not be scared of it. It's nothing new to what we are already doing and it's very easy for both pharmacists and their staff to pick up."

Those pharmacies quick to embrace the technology will be safer environments, adds the contractor. "One of the major advantages of ETP is that it makes dispensing a much more accurate process. It removes the possibility of misreading a GP's handwriting. And the electronic system also features a series of prompts when deciding doses."

Despite its assets, ETP still has much to prove for many contractors, admits Mr Patel. "A lot of people say 'what's the point?' because the doctor is still writing out a script. But when we move to a paperless system in ETP Release 2 that's when you will notice the impact and we will see safety levels improved."

However, with only one system supplier currently accredited for full ETP Release 1 by CfH and funding issues unresolved, it could be some time before high street pharmacies go high tech, predicts Mr Patel. "It's frustrating because its two steps forward and one step back. For many pharmacies the £1,500 set aside by the Department of Health for IT is not enough to upgrade their systems.

"There's going to be teething problems and I wouldn't expect to see Phase I fully rolled out until 2007. We won't see Release 2 ETP until 2008 or 2009."

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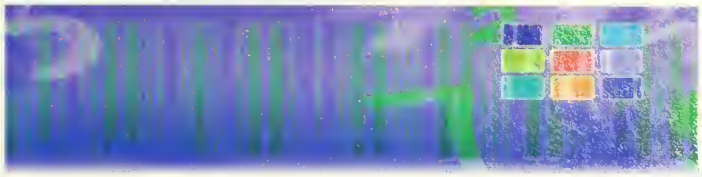

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Back ISSUES

Weird science

Every once in a while we are sent a press release that makes us go 'huh?' Try this for size.

The release in question arrived with what appears to be a round teabag attached to it. Why? Well, not only does a teabag make a traditional cuppa, but "it can also be attached to your foot to rejuvenate your entire body from head to toe!" Hmmm.

"Detox pads are a great way of extracting the harmful toxins from your body in a simple, safe, successful way." What? "Crystal Spring detox pads look just like teabags but are made from 100 per cent natural tree and bamboo extracts." Oh.

Then it went weird: "Placed on the soles of alternate feet during the night, while your body is recharging it's [*sic*] batteries the pads are working wonders!"

And now for the science: "Heat from the pad causes perspiration which releases the toxins from the body which are then efficiently absorbed by the pad. Blockages are freed so blood circulates around the body." All this means you get a better night's sleep.

Apparently the pads have been a top seller in Japan since 1990. Priced at £24.95 for 14 pads, it's hard to see what's stopping them doing the same here.

Decaff, anyone?

When it comes to making deliveries, pharmacist John Wright is a dab hand, whether it's prescriptions, health advice, or even babies. John, pharmacist at Co-op Pharmacy in Scurlage, Swansea, was called on to stretch his professional skills when his wife went into labour two days early. Realising Claire wouldn't reach the hospital in time, ambulance staff talked John through the process and Harry was born, weighing a healthy 8lb 9oz. John commented: "Ironically we had booked a home birth, but I didn't expect to be acting as the midwife. When the ambulance and midwife got here, the baby had been born and they just checked everyone was ok"

Baby boost

The neonatal unit of Salford's Hope Hospital received a New Year boost with a £250 cheque from Mawdsleys.

Instead of sending Christmas cards, Mawdsleys staff decided to donate money to the hospital, which is close to the company's Salford headquarters.

As well as donating money, retail services director John Davies was tea monitor for the morning, with members of staff giving £1 for every cup of tea John made.

Pictured from the left are: Louise Massingham, Karen Mainwaring, Jacki Hall, Joanne O'Donnell, Hope Hospital's advanced neonatal practitioner, and Glenn Mann from Mawdsleys

Appointment

Novexel has appointed **Gordon Waldron** as chief financial officer. Mr Waldron joins the company from French biotechnology company SYNTEM, where he was vice-president finance and CFO from 1997.

Geoff McMillan has been appointed as non-executive chairman of Maelor Pharmaceuticals. Mr McMillan, who has over 20 years' experience within pharma and biopharma sectors, replaces retiring chairman Alastair Macpherson.

AAH has appointed **Mark James** as commercial director. Mr James has been the company's operations director since 1997 and will replace Paul Forster-Jones who will leave the company at the end of May. **Steve Anderson**, who has worked with AAH for 19 years and is currently regional director for operations in the South, will succeed Mr James.

Penny Freer has joined Sinclair Pharma as non-executive director. Ms Freer has been involved in small and mid-cap investment banking for almost 20 years.

ProStraken Group has announced **Alan Walker** has been appointed to the board of the company as an executive director. Mr Walker has been executive vice-president of global commercial operations with the company since 2001.

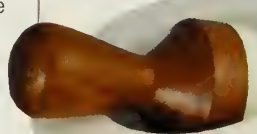
Pfizer has named **Amal Naj** as vice-president, investor development and strategy. He succeeds **Jim Gardner**, who is retiring after working with Pfizer for 29 years. Mr Naj will represent Pfizer to investors in the USA and overseas.

Cash in the attic?

A pharmacist's collection of curiosities from chemists fetched more than £15,000 at auction. John Harvey's collection of over 2,000 items from the 19th and 20th centuries attracted bidders from around the world.

John, who worked as a pharmacist and store manager at Boots in Bury until 1994, started his collection when shelves were being cleared of apothecary pieces and medical equipment. Over the years he expanded his collection from antique shops.

A collection of blue glass bottles with gilt labels fetched £1,300, while a specie jar, a glass bottle with decorative crest and label which would have been a chemist's window ornament, went for £700.



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